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	fo	r F	Y	20	04		

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1,040.00

espond to a collection of informat	ion unless it displays a valid Olvib control numbe					
Complete if Known						
Application Number	09/293670-Conf. #5176					
Filing Date	April 16, 1999					
First Named Inventor	Joseph FISHER					
Examiner Name	T. D. Wessendorf					
Art Unit	1639					
Attemory Decket No.	RGV-006CPRCE					

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METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)						
Check Credit Money Order Other None	3. A	DDITIO	ONAL	. FEES	•		
X Deposit Account:							
Deposit	Large Fee	Entity		I Entity	_		
Account Number 12-0080		Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid	
Deposit	Code						
Account Lahive & Cockfield, LLP	1051	130	2051	65	Surcharge – late filing fee or oath		
Name The Director is authorized to: (check all that apply)	1052	50	2052	25	Surcharge – late provisional filing fee or cover sheet.		
X Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130	Non-English specification		
X Charge any additional fee(s) or any underpayment of fee(s)	1812	2,520	1812	2,520	For filing a request for ex parte reexamination		
	1804	920*	1804	920*	Requesting publication of SIR prior to		
Charge fee(s) indicated below, except for the filing fee					Examiner action Requesting publication of SIR after		
to the above-identified deposit account.	1805	1,840*	1805	1,840*	Examiner action		
FEE CALCULATION	1251	110	2251	55	Extension for reply within first month		
1. BASIC FILING FEE	1252	420	2252		Extension for reply within second month		
Large Entity Small Entity	1253	950	2253	475	Extension for reply within third month	475.00	
Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	1254	1,480	2254	740	Extension for reply within fourth month		
1001 770 2001 385 Utility filing fee	1255	2,010	2255	1,005	Extension for reply within fifth month		
1002 340 2002 170 Design filing fee	1401	330	2401	165	Notice of Appeal		
1003 530 2003 265 Plant filing fee	1402	330	2402	165	Filing a brief in support of an appeal		
1004 770 2004 385 Reissue filing fee	1403	290	2403	145	Request for oral hearing		
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding		
SUBTOTAL (1) (\$) 0.00	1452	110	2452	55	Petition to revive – unavoidable		
30Β131A2 (1) (ψ) 3.55	1453	1,330	2453	665	Petition to revive - unintentional		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2501	665	Utility issue fee (or reissue)		
Extra Fee from Claims below Fee Paid	1502	480	2502	240	Design issue fee		
Total Claims 4 -20** = x =	1503	640	2503	320	Plant issue fee		
Independent 1 -3** = x	1460	130	1460	130	Petitions to the Commissioner		
Claims	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)		
Large Entity Small Entity	1806	180	1806	180	Submission of Information Disclosure Stmt	180.00	
Fee Fee Fee Fee Fee Description	8021	40	8021	40	Recording each patent assignment per		
Code (\$) Code (\$)	8021	40	8021	40	property (times number of properties)		
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3	1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))		
1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385	For each additional invention to be		
1204 86 2204 43 ** Reissue independent claims	1801	770	2801	385	examined (37CFR 1.129(b)) Request for Continued Examination (RCE)	385.00	
over original patent	1802	900	1802	900	Request for expedited examination		
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent		fee (spe	l	555	of a design application		
					Deid CUDTOTAL (C) (C)	1.040.00	
SUBTOTAL (2) (\$) 0.00 **or number previously paid, if greater; For Reissues, see above	Redu	icea by t	sasic F	iling Fee	e Paid SUBTOTAL (3) (\$)	1,040.00	
SUBMITTED BY	Dogist.	ration No			(Complete (if applicable))	<u>-</u>	
Name (Print/Type) DeAnn F. Smith		ey/Agent)		5,683	Telephone (617) 227-7400		

I hereby certify that this corres	spondence is being depo	sited v	vith the	U.S. Pos	tal Servi	ce as Expres	s Mail, Airbill	No. EV419926313US
in an envelope addressed to:	MS RCE, Commissione	er for P	atents, F	P.O. Box	1450, Al	lexandria, VA	22313-1450	, on the date shown
below.		Ι. '	\	. /	7			
D.1. 1.0		T) n []	/	1		/D 4 = 0	*** *

Dated: September 24, 2004

Signature

_ (DeAnn F. Smith)

Date

September 24, 2004